

Naval Medical Logistics Command
SO-01-03

NOTICE OF CONTRACTING OPPORTUNITY

**APPLICATION FOR
NAVY CONTRACT POSITIONS**

SO-01-03

30 Sep 02

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE 21 Oct 02. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
ATTN: CODE 220
1681 NELSON STREET
FORT DETRICK, MD 21702-9203

E-MAIL: Acquisitions@nmlc.med.navy.mil
IN SUBJECT LINE REFERENCE: CODE 220

A. NOTICE. This position is a set aside for individual Dental Hygienists. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing dental services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS. DENTAL HYGIENIST. The Government is seeking to place under contract, an individual who holds a current, unrestricted license to practice as a Dental Hygienist in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. This individual must also (1) meet all the requirements contained herein; and (2), competitively win this contract award (see paragraphs D and E).

Services shall be provided for the NDCSW San Diego, CA. Services shall be provided at the Naval Base Ventura County Branch Dental Clinic, Pt. Hueneme and Branch Dental Annex Pt MUGU, CA.

You shall be on duty in the assigned clinical area for 40 hours each week; between the hours of 0645 - 1630 Monday through Thursday and 0700 – 1200 Friday. You shall normally provide services for a 9.75 hour period (to include an uncompensated 1 hour for lunch), Monday through Thursday and 5 hours on Friday throughout the term of the contract. Any changes in the schedule shall be coordinated between you and the Government. You shall arrive for each scheduled shift in a well rested condition and shall have had at least six hours of rest from all other duties as a dental hygienist.

You shall accrue 8 eight hours of personal leave at the end of every 2 week period worked. Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

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II. STATEMENT OF WORK

A. The use of "Commanding Officer" means: Commanding Officer, Naval Dental Center, San Diego, CA, or designated representative, e.g. Contracting Officer Representative, Technical Liaison, or Department Head.

B. **SUITS ARISING OUT OF MEDICAL MALPRACTICE.** The health care worker(s) is (are) serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance.

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

1. **GENERAL DUTIES AND RESPONSIBILITIES.** Services provided under this contract shall be performed in accordance with all State, County, Department of Defense, Navy, Dental Center and Clinic guidelines and reporting requirements.

1.1. **ADMINISTRATIVE AND TRAINING REQUIREMENTS.** You:

1.1.1. Become familiar with and follow Navy standardized concepts of Phased Dentistry and Managed Dental Care.

1.1.2. Maintain continuing education throughout the term of the contract.

1.1.3. Be officially evaluated semi-annually on performance and adherence to requirements of this contract.

1.1.4. Direct supporting Government employees assigned to him or her during the performance of clinical procedures. Such direction and interaction will comply with government and professional clinical standards and accepted protocols. You shall be subject to guidelines set forth in the Command's quality assurance and risk management instructions. You shall perform administrative duties that include maintaining statistical records of your clinical workload, participating in dental education programs, preparing documentation for boards, and participating in clinical staff quality assurance functions at the prerogative of the Commanding Officer.

1.1.5. Possess and maintain current certification in American Heart Association "Healthcare Provider Course" OR American Red Cross "CPR for the Professional Rescuer" throughout the term of their services under this Task Order.

1.2. **SPECIFIC DUTIES/RESPONSIBILITIES OF DENTAL HYGIENISTS ARE AS FOLLOWS:**

1.2.1. Routine workload is scheduled by the treatment facility. Primary workload is a result of appointments scheduled through the central appointment system. Secondary workload is a result of consultation requests submitted to the specialty clinic by staff dentists. The contractor is responsible for delivery of treatment within the personnel and equipment capabilities of the facility, provision of mandated surveillance and preventive services, and the quality and timeliness of treatment records and reports required to document procedures performed and care provided. You shall refer patients to staff specialists for consultative opinions and continuation of care and shall see the patients of other staff health care providers who have been referred for consultation and treatment.

1.2.2. The work environment involves risks typically associated with the performance of clinical oral procedures. You may be exposed to contagious disease, infections and flying dental debris requiring the wearing of protection such as sterile gloves, masks and eyeglasses.

1.2.3. You shall perform the following dental hygiene functions using government furnished facilities, supplies and equipment. Duties shall include, but are not limited to:

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- a. Review medical/dental history
- b. Make referrals for medical/dental records
- c. Complete oral prophylaxis, root planning, subgingival debridement, tissue management
- d. Patient education
- e. Perform fluoride treatments
- f. Apply pit/fissure sealants
- g. Expose/develop x-rays
- h. Assist in training dental assistants in preventive dentistry procedures
- i. Clean and maintain work area to meet clinic and infection control standards

1.2.4. Your productivity is expected to be comparable to that of other dental hygienists assigned to the same facility.

1.2.5. As a member of a professionally diverse team, you shall contribute in a positive manner to team building and morale.

1.2.6. You may be assigned other duties consistent with the normal duties of a dental hygienist as directed by the Commanding Officer to include, but not limited to, participating in command quality improvement and assurance meetings, etc.

1.2.7. Administration of local anesthesia (infiltration and block anesthesia) is not a required qualification; however, if the appropriate background training and credentials exist, clinical privileges may be granted.

1.3. CREDENTIALING REQUIREMENTS

1.3.1. Prior to the performance of services, you are required to submit a complete credentials package to the COR. No health care worker shall provide patient care under this contract unless this package has been approved. Credentials package shall include:

- a. NDCSW Personal & Professional Information Sheet, including a statement of acknowledgement of physical exam requirement*
- b. Copy of dental/dental hygiene degree
- c. Copy of all dental/dental hygiene licenses held within the last ten years.
- d. Copy of current CPR card (front & back)
- e. Copies of course certificates for clinical continuing education completed within the last 24 months.
- f. Signed release of information form*
- g. 3 letters of recommendation (as stated in paragraph 6 below)
- h. Copies of US employment eligibility documents (See Attachment)
- i. Copy of DD214 (if prior military service)

NOTE: Documents with an asterisk (*) will be provided by NDCSW to the Contractor upon award.

D. MINIMUM PERSONNEL QUALIFICATIONS. To be qualified for this position you must:

1. Have a degree or certificate in dental hygiene from a school of dental hygiene approved by the Council on Dental Education of the American Dental Association (ADA). NOTE: On a case by case basis, the government will also accept qualified dentists to fill dental hygiene positions.
2. Hold a current, unrestricted license to practice dental hygiene in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.
3. Either (a), successfully complete at least 12 classroom hours of continuing dental hygiene education within the preceding 18 months which maintain skills and knowledge in dental hygiene and preventive dentistry, or (b) graduate from an ADA approved dental hygiene program within the preceding 12 months.
4. Experience as a dental hygienist for at least 6 months within the preceding 24 months, OR have graduated from an ADA approved dental hygiene program within the preceding 6 months.

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5. Be eligible for U.S. employment. Provide copies of supporting documentation per attachment ##.
 6. Letters of recommendation from three practicing dentists attesting to the health care worker's clinical skills, specifically addressing subgingival curettage, root planing, and tissue management. If a recent graduate per (3) above, the three letters may be either from practicing dentists, or faculty where degree or training was completed. Reference letters must have been written within the preceding 5 years and must include name, title, phone number, date of reference and signature of individual providing reference
 7. Represent an acceptable malpractice risk to the Navy.
 8. Submit a fair and reasonable price as determined by the Government prior to contract award.
- E. **FACTORS TO BE USED IN A CONTRACT AWARD DECISION.** If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified candidates using the following enhancing criteria, listed in descending order of importance:
1. Experience and training as it relates to the duties contained herein; then,
 2. The letters of recommendation required in item D.6, above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc., then,
 3. Total Continuing Education hours, then,
 4. Infiltration Anesthesia certification. Provide proof and expiration date. then,
 5. Additional Dental/Medical certifications, then,
 6. American Heart Association CPR Health Care Provider Course Certification, then
 7. Prior military experience in a Dental/medical field (provide Form DD214).
- F. **INSTRUCTIONS FOR COMPLETING THE APPLICATION.** To be qualified for this contract position, you must submit the following:
1. _____ A completed " *Personal Qualifications Sheet – Dental Hygienist" (Attachment 1).
 2. _____ A completed Pricing Sheet (Attachment 2).
 3. _____ Proof of employment eligibility (Attachment 3).
 4. _____ Three or more letters of recommendation per paragraph D.6., above. (If applicable)
 5. _____ Central Contracting Registration Confirmation Sheet (Attachment 4)
 6. _____ Small Business Representation (Attachment 5)

*Please answer every question on the " Personal Qualifications Sheet - Dental Hygienist". Mark "N/A" if the item is not applicable.

G. OTHER INFORMATION FOR OFFERORS.

ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Contractor Employment Opportunities/Information, OR can be requested from the contract specialist listed below.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

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PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr2000.com>. This website contains all information necessary to register in CCR. An extract from this website is provided as Attachment 4 to this application.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even thou you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for Dental Hygienist is 621399.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423 or call your Contract Specialist or Contracting Officer at NMLC. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment 2, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Questions concerning this package may be addressed at 301-619-2151.

We look forward to receiving your application.

PERSONAL QUALIFICATIONS SHEET - DENTAL HYGIENISTS

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).

2. The information you provide will be used to determine your acceptability based on Sections D and E of the application. In addition to the Personal Qualifications Sheet, please submit three letters of recommendation as described in Item VIII. of the Personal Qualifications Sheet.

3. All of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education Degree, Naval Dental Center Southwest Release of Information, Personal and Professional Information Sheet, all dental licenses held within the preceding 10 years, copy of BLS -C card (or equivalent), continuing education certificates, and employment eligibility documentation. If you submit false information, your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.

4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam no more than 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

5. Practice Information:

	<u>Yes</u>	<u>No</u>
1. Have you ever been the subject of a malpractice claim? (indicate final disposition of case in comments)	___	___
2. Have you ever been a defendant in a felony or misdemeanor case? (indicate final disposition of case in comments)	___	___
3. Has your license or certification to practice ever been revoked or restricted in any state?	___	___

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

_____	_____ (mm/dd/yy)
(Signature)	(Date)

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Personal Qualifications Sheet - Dental Hygienists

I. General Information

Name: _____ SSN: _____
Last First Middle

Address:

Phone: (____) _____

II. Professional Education:

Degree or Certificate in Dental Hygiene from:

(Name of ADA accredited School and location)

Date of Degree: _____ (mm/dd/yy)

III. Professional Licensure/Certification, Dental Hygiene (License/Certification must be current, valid, and unrestricted):

_____(mm/dd/yy)
State Date of Expiration

IV. Continuing Education:

Title of Course	Course Dates	CE Hrs
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

V. American Heart Association Basic Life Support (BLS) for Healthcare Providers, American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent:

Training Type listed on Card:

Expiration Date: _____(mm/dd/yy)

VI. Professional Employment: List your current and preceding employers for the past 3 years unless a shorter time is specified in Section D of the Solicitation. Experience must total at least 12 months, within the preceding 24 months, unless the candidate graduated within the preceding 12 months. Provide dates as month/year.

Name and Address of Present Employer	From	To
--------------------------------------	------	----

(1) _____

Work Performed: _____

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VI. Names and Addresses of Preceding Employers

From To

(2)

Work Performed: _____

From To

(3)

Work Performed: _____

Are you are currently employed on a Navy contract where is your current contract and what is the position?

VII. Employment Eligibility (Please provide copies of supporting documentation.):

Yes No

Do you meet the requirements for U.S. Employment
Eligibility contained in Section V?

VIII. Professional References:

Letters of recommendation from three practicing dentists attesting to the health care worker's clinical skills, specifically addressing subgingival curettage, root planing, and tissue management. If a recent graduate per (3) above, the three letters may be either from practicing dentists, or faculty where degree or training was completed. Reference letters must have been written within the preceding 5 years and must include name, title, phone number, date of reference and signature of individual providing reference."

IX. Military Experience

Prior Military experience in a medical field may enhance your ranking. If you have prior military experience, provide a copy of your form DD214.

X. Additional Information:

Provide any additional information you feel may enhance your ranking based on Section E. "Factors to be Used in a Contract Award Decision", such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, etc.

XI. I hereby certify the above information to be true and accurate:

(Signature)

_____(mm/dd/yy)
(Date)

PRICING SHEET
PERIOD OF PERFORMANCE

Services are required from 6 January 2003 through 30 September 2003. Four option periods will be included which will extend services through 30 September 2007, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Dental Hygienists in the Point Mugu, CA area. **The hourly price includes consideration for the following taxes and insurance that are required:**

(a) Please note that if you are awarded a Government contract position, **you will be responsible for paying all federal, state and, local taxes.** The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform, on behalf of the Government, the duties of one Dental Hygienist at the Naval Dental Center Southwest, San Diego in accordance with this Application and the resulting contract.				
0001AA	Base Period; 6 Jan 03 thru 30 Sep 03	1536	Hour	_____	_____
0001AB	Option Period I; 1 Oct 03 thru 30 Sep 04	2096	Hour	_____	_____
0001AC	Option Period II; 1 Oct 04 thru 30 Sep 05	2088	Hour	_____	_____
0001AD	Option Period III; 1 Oct 05 thru 30 Sep 06	2088	Hour	_____	_____
0001AE	Option Period IV; 1 Oct 06 thru 30 Sep 07	2088	Hour	_____	_____
TOTAL CONTRACT					_____

Printed Name _____

Signature _____ Date _____

LISTS OF ACCEPTABLE DOCUMENTS
SUBMIT ONE FROM LIST A

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST B

Documents that Establish Identity
Eligibility

1. Driver's license or ID card issued by a state or outlying possession of the United States employment) provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address

LIST C

Documents that Establish Employment

1. U.S. social security card issued by the Social Security Administration (other card stating it is not valid for

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- | | |
|--|--|
| <p>2. ID card issued by federal, state or local government agencies of entitles of provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address</p> <p>3. School ID card with a photograph</p> <p>4. Voter's registration card</p> <p>5. U.S. Military card or draft record</p> <p>6. Military dependant's ID Card</p> <p>7. U.S. Coast Guard Merchant Mariner Card</p> <p>8. Native American tribal document</p> <p>9. Driver's license issued by a Canadian government authority</p> <p>For persons under age 18 who are unable to present a document listed above;</p> <p>10. School record or report card</p> <p>11. Clinic, doctor, or hospital record</p> <p>12. Day-care or nursery school record</p> | <p>2. Certification of Birth Abroad issued by the Department State (Form FS-545)</p> <p>3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal</p> <p>4. Native American Tribal document</p> <p>5. U.S. Citizen ID Card (INS Form I-197)</p> <p>6. ID Card for use of Resident Citizen in the United States (INS Form I-179)</p> <p>7. Unexpired employment authorization document issued by the INS (other than those listed under List a).</p> |
|--|--|

CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.gov/howto.html>. If you do not have internet access, please contact (301) 619-2151 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please mail or fax "THIS COMPLETED CONFIRMATION SHEET" to:

Naval Medical Logistics Command
ATTN: Code 22 O
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX (301) 619-6793

Name: _____

Company: _____

Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

E-Mail Address: _____

Attachment 5

SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- ☐ The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ☐ Black American.
- ☐ Hispanic American.
- ☐ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
- ☐ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
- ☐ **Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).**